SUGGESTED FORM FOR LETTER FROM CHIEF FINANCIAL OFFICER (TO BE USED WITH FINANCIAL TEST) CLOSURE/POST-CLOSURE

Commissioner Department of Environmental Management State of Indiana Dear Sir or Madam: I am the chief financial officer of ____ (name of firm) (address of firm) This letter is in support of this firm's use of the financial test to demonstrate financial assurance for closure and post-closure care as specified in 329 IAC 10-39-2 (a) (5) and 329 IAC 10-39-3 (a) (5). (1) This firm is the owner, operator, guarantor, or permittee of the following solid waste (facility/facilities) not located in Indiana, and of the following hazardous waste treatment, storage, or disposal (facility/facilities) wherever located (provide the requested information for each facility): Facility Permit/EPA ID number: Facility Name: Facility Address: Facility Type: (solid waste, hazardous waste treatment/storage/disposal) Closure cost: \$ Post-closure cost: \$ (2) This firm is the owner, operator, guarantor or permittee of the following solid waste (facility/facilities) located in Indiana (provide the requested information for each facility): Facility Permit/EPA ID Number: Facility Name: Facility Address: Closure cost: \$_____ Post-Closure cost: \$

This firm (is required/is not required) to file a Form 10K with the Securities and Exchange

Comn	nission for the latest fiscal year.	
	The fiscal year of this firm ends on	(month, day)
indepe ended	endtly audited, year-end financial statemen	ted with an asteisk are derived from this firm's nts for the latest completed fiscal lyear which

FINANCIAL TEST FOR RESTRICTED WASTE SITES

Alternative I

l.	for facilities identified in paragraphs (1) and (2)	\$
2.	Total liabilities (if any portion of the current closure or post-closure cost estimates is included in total liabilities you may deduct the amount of that portion from this line and add that amount to lines 3 and 4.)	\$
3.	Tangible net worth	\$
4.	Net worth	\$
5.	Current assets	\$
6.	Current liabilities	\$
<u>7.</u>	Net working capital (line 5 minus line 6)	\$
8.	The sum of net income plus depreciation, depletion, and amortization	\$
9.	Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.)	\$
	YES	NO
10.	Is line 3 at least \$10 million?	· .
П.	Is line 3 at least 6 times line 1?	
12.	Is line 7 at least 6 times line 1?	
13	Are at least 90% of firm's assets located in the U.S.?	
	If not, complete line 14	
14.	Is line 9 at least 6 times line 1?	
15.	Is line 2 divided by line 4 less than 2.0?	
16.	Is line 8 divided by line 2 greater than 0.1?	
17.	Is line 5 divided by line 6 greater than 1.5?	

18.	Total gross revunes		\$
18. 19. 	Total gross revenues derived fro	m wate disposal avetivities	\$
		p	
~~~	(Signature)		
		•	
	(Name)	·	
	(Title)		
	(litle)		
	(Data)		
	(Signature) (Name) (Title)		

a.

## Alternative II

	Sum of current closure and currnt post-closure cost estimparagraphs (1) and (2)	iatęs for facilit	\$		
-	Current bond rating of most recent issuance of this firm and name of rating				
• .	Date of issuance of bond				
٠.	Date of maturity of bond				
j.	Tangible net worth (if any portion of the closure and post-closure cost estimates is included in "total liabilities" on your firm's financial statements, you may add the amount of that portion to this line)				
<b>)</b> .	Total assets in U.S. (Required only if less than 90% of firm's assets are located in the United States)				
		YES	NO		
	Is line 5 at least \$10 million?				
3.	Is line 5 at least 6 times line 1?				
<b>)</b> .	Are at least 90% of firm's assets located in the U.S.? If not, please complete line 10				
10.	Is line 6 at least 6 times line 1?				
11.	Total gross revenues				
12.	Total gross revenues derived from waste disposal activities				
	(Signature)				
	(Name)				
	(Title)				
	(Date)				